

Driving Safety Course

Request Form

Cita	tion #:			
Offe	nse:			
Nam	e:		h	ereby enter a plea of
	Gı	uilty or N	Nolo Contendere	
take a		lecide not to take or	completed the cour	and request that I be granted to se, the balance of the fine will or my arrest may be issued.
	der to take an approved Drivin d, I acknowledge that:	g Safety course in li	eu of a conviction b	being entered on my driving
 1. 2. 3. 4. 5. 6. 	I have proof of financial responsibility (insurance) on the date the violation occurred (copy <u>must be attached</u> to request form). I am <u>not</u> currently signed up for a Driving Safety Course for any other traffic violation and have not taken a Driving Safety Course during the preceding 12 months. I will be required to submit the <u>COURT COPY</u> of the Certificate of Completion of a Driving Safety Course to this Court. I will be required to obtain and submit a copy of my Driving Record obtained from the Department of Public Safety (Type 3A on the DPS request form) to this court.			
Cont	act Information:			
Address		City	State	Zip Code
Cell Phone		Home Phone Work Phone		Work Phone

Date

Defendant's Signature